

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Oconee  
Township of Center  
OR  
Inc. Town of .....  
OR  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

74085

Registration District No. 350A. Registered No. 148  
(For use of Local Registrar)

(2) Full Name of Child Mahassie Vickery

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 28, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James H. Vickery</u>			(14) NAME BEFORE MARRIAGE <u>Lura Wade Durham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>		
(12) BIRTHPLACE <u>Hart. Co., G.A.</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(18) BIRTHPLACE <u>Anderson Co S.C.</u>		
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House wife</u>	(20) Number of children born to mother, including present birth <u>2</u>		
(21) Number of children of this mother now living, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Barin Abim ... at 11:20 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Earle  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept. 1916 (28) M. H. Cole  
Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.